Government Claim Form

Government Claims Program
California Victim Compensation and Government Claims Board
P.O. Box 3035
Sacramento, CA 95812-3035

1-800-955-0045 ▪ www.governmentclaims.ca.gov

State of California
Government Claims Program
MAY 23 2016
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For Office Use Only
Claim No.: G32092

#1944
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Is your claim complete?

- ☑ **Include a check or money order for $25 payable to the State of California.**
- ☑ Complete all sections relating to this claim and sign the form. Please print or type all information.
- ☑ Attach copies of any documentation that supports your claim. Please do not submit originals.

Claimant Information *Use name of business or entity if claimant is not an individual*

1	Lauzier (*Last name*)	Dallas (*First Name*)	A (*MI*)	2	Tel: [redacted]
				3	Email: None
4	[redacted] (*Mailing Address*)	Mountain Center (*City*)	CA (*State*)	92561 (*Zip*)	
5	Inmate or patient number, if applicable: N/A				
6	Is the claimant under 18? No	If Yes, please give date of birth: N/A			
7	N/A				

*If you are an insurance company claiming subrogation, please provide your insured's name in section **7**.*

8	N/A

*If your claim relates to another claim or claimant, please provide the claim number or claimant's name in section **8**.*

Attorney or Representative Information

9	N/A (*Last name*)	(*First Name*)	(*MI*)	10	Tel:
				11	Email:
12	(*Mailing Address*)	(*City*)	(*State*)	(*Zip*)	
13	Relationship to claimant:				

Claim Information

14	Is your claim for a stale-dated warrant (uncashed check)?	○ Yes	◉ No *If No, skip to Step **15**.*
	State agency that issued the warrant:		
	Dollar amount of warrant:	Date of issue: MM DD YYYY	
15	Date of Incident: April 17, 2016		
	Was the incident more than six months ago?	○ Yes	◉ No
	If YES, did you attach a separate sheet with an explanation for the late filing?	○ Yes	○ No
16	State agencies or employees against whom this claim is filed: Cal Fire/RRU FC Kalev Kulbin on Engine 3172 (5x232 (E)958950)		
17	Dollar amount of claim: $1322.40		
	If the amount is more than $10,000, indicate the type of civil case:	○ Limited civil case ($25,000 or less) ○ Non-limited civil case (over $25,000)	
	Explain how you calculated the amount: Receipts for repairs, attached, for monetary losses due to damage incurred from fire engine.		

18	Location of the incident: [redacted] Mountain Center, CA 92561
19	Describe the specific damage or injury: Water meter, Pipes, Meter box, Water loss, Associated costs of repairs.
20	Explain the circumstances that led to the damage or injury: Engine 3172 parked on top of the water meter, box, pipes and crushed the water system. They were utilizing the area due to a residential structure fire across the street (CARRU2016046865).
21	Explain why you believe the state is responsible for the damage or injury: State fire engine (E-3172) parked on top of my water supply, causing damages.
22	Does the claim involve a state vehicle? ◉ Yes ○ No If YES, provide the vehicle license number, if known: (E)958950

Auto Insurance Information

23	N/A - No insurance claim submitted.

Name of Insurance Carrier

Mailing Address	*City*	*State*	*Zip*

Policy Number:		Tel:	
Are you the registered owner of the vehicle?		○ Yes	○ No
If NO, state name of owner:			
Has a claim been filed with your insurance carrier, or will it be filed?		○ Yes	○ No
Have you received any payment for this damage or injury?		○ Yes	○ No
If yes, what amount did you receive?			
Amount of deductible, if any:			
Claimant's Drivers License Number:	Vehicle License Number:		
Make of Vehicle:	Model:	Year:	
Vehicle ID Number:			

Notice and Signature

24	I declare under penalty of perjury under the laws of the State of California that all the information I have provided is true and correct to the best of my information and belief. I further understand that if I have provided information that is false, intentionally incomplete, or misleading I may be charged with a felony punishable by up to four years in state prison and/or a fine of up to $10,000 (Penal Code section 72).

[redacted] Dallas A. Lauzier — Date: 5/19/2016

Printed Name

25	Mail this form and all attachments with the $25 filing fee or the "Filing Fee Waiver Request" to: Government Claims Program, P.O. Box 3035, Sacramento, CA, 95812-3035. Forms can also be delivered to the Victim Compensation and Government Claims Board, 400 R Street, 5th Floor, Sacramento 95811.